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Brooklyn in the Early History of Appendicitis

Some Personal Recollections

BY

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BROOKLYN, N. Y.

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BROOKLYN IN THE EARLY HISTORY OF APPENDICITIS. SOME PERSONAL RECOLLECTIONS.*

By William J. Cruikshank, M.D.,

of Brooklyn, N. Y.

THE history of appendicitis is perhaps the most dramatic in all the literature of medicine and surgery. This disease, this insidious enemy of human life, this masked assassin of perfect health, this destroyer of the noblest and the best, a hidden monster with centuries of unchecked ravage to its sinister account, elusive, baffling, dissimulating, rapacious, murderous, stands today, in the light of modern science, unmasked, stripped of its last shred of disguise, the most thoroughly understood and the most successfully combated of all important surgical affections with which mankind is afflicted.

This is a triumph of medicine and surgery alike. When a splendid work has been accomplished, a desire to feel that one has contributed something to the result, is both natural and commendable; the satisfaction which comes of the assurance that one has the right to such a feeling, is not to be condemned as selfish complacency: and so, it seems to me, Brooklyn is justified in feeling some pride when she reviews her share in the early history of appendicitis. To me, this is a matter of unusual interest, because all of my professional life has been spent here and, although it began no later than about a quarter of a century ago, that beginning antedates the dawn of rational medicine and surgery. During those early eighties the cause of disease was practically unknown. Bacteriology as applied to medicine was in embryo. Puerperal fever was common. The peritoneum was holy ground. Antiseptic and clean surgery had not as yet been developed. It was the day of "typhlitic" disease; the word appendicitis had yet to be born. Over and over again the greatest clinicians had come to the very threshold of the solution of appendicular mischief, had been misled by the names which appeared there—perityphlitis, paratyphlitis and the like—and, restrained by fear of entering that holy of holies—the peritoneal cavity—had halted: the truth remained undisclosed. Over and over again during the preceding fifty years the light which had been flashed upon the etiology of inflammatory troubles originating in the right iliac region, bringing the field at times into almost complete illumination, had as often been slowly dimmed by the obscuring pathology of autopsy. In brief, the universal and persistent use by the teachers in our profession, the world over, of befogging and misleading pathological and etiological phraseology and nomenclature remained, for years, the stumbling block in the development of rationality in the treatment of right iliac inflammations. When to this was added the time-honored fear of peritoneal invasion, the diseased appendix was enabled to retain its fortified

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*Read before the Caledonian Medical Society, September 22, 1911; read before the Medical Society of the County of Kings, January 16, 1912.

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position in the abdominal cavity, without the slightest danger of apprehension by its natural enemy, the surgeon.

But all this was to be changed. Suddenly, out of this mist and darkness, a bright star appeared. It was the herald of the dawn. Reginald Fitz of Boston, a physician and pathologist, in an epoch-making paper which appeared in the *New York Medical Journal,* in 1886, brought order out of chaos. His master mind unravelled the whole tangle. He explained the pathology, demonstrated clearly that nearly all acute inflammatory troubles occurring in the right iliac region had their origin in the appendix of the cecum, did away with the misleading terms, typhlitis, perityphlitis and paratyphlitis which had formerly been applied to them, substituted for them the one word appendicitis,—in short, left the whole subject on a scientific basis. This paper, coming as it did on the eve of the adoption of antiseptic methods in surgery. emboldened pioneers to invade the peritoneum, seek the diseased appendix, and remove it. Thus was created an epoch in medical and surgical history.

A glance through the first two or three chapters of the "Vermiform Appendix," by Kelly of Baltimore will give in detail the history which I have here briefly summarized. From the time of Mestivier of France who in the year 1759 demonstrated by autopsy the first recorded case of disease of the appendix, to within twenty-five years of the appearance of Fitz's paper in 1886, there was, Kelly tells us, a total of 141 cases of disease of the appendix recorded in French, German, English and Italian literature, but while the symptomatology of these cases was studied with amazing skill and marvelous accuracy, the observers did not succeed in tracing the origin of the mischief to its true source, the appendix, during the life of the patients. Beyond the Willard Parker operation which was first recorded in 1867, and which consisted, for the most part, in evacuating a collection of pus, no deliberate surgical procedure based upon a definite, positive and uncompromising diagnosis for the removal of the appendix, was undertaken until the year 1887. To be sure, Krönlein of Germany in 1884, following the suggestions previously made by Mikulicz had removed the appendix in the case of a boy seventeen years of age suffering from acute peritonitis due to a perforation of the appendix. The case resulted fatally and there was no autopsy. But in this case Krönlein did not make a positive diagnosis of appendicitis but an alternative one of acute intestinal obstruction in the right iliac fossa. So in the case of Treves who did an interval operation on February 16, 1887, for what he diagnosed "relapsing typhilitis," and Treves in this case, did not remove the appendix but simply corrected what he termed a distortion of it, and closed the abdomen. I had always supposed that Sands, of New York, did the first successful appendectomy and I believe that there are many others who share that belief, but Kelly gives the credit to Morton of Philadelphia. Kelly says, "To Thomas G. Morton of Philadelphia belongs the credit of the first successful operation for the removal of the appendix, deliberately undertaken with an alternative diagnosis of disease in the organ." The date was April 27, 1887. However this may be, in Sands' case no alternative diagnosis was admitted. Moreover, a complete investigation of the history of this case will show that it was the general practitioner who made the early diagnosis and that it was at his request that the surgeon operated. The patient was a young man under the professional care of Dr. Simon Baruch, of New York.

Dr. Baruch made an uncompromising diagnosis of perforation of the vermiform appendix and insisted, in the face of surgical hesitation and delay, that a laparotomy should be performed. The patient is alive to-day and will himself verify this statement. Sands operated on December 30, 1887. He did not remove the appendix but trimmed the edges of the perforated portion, sutured it and drained. The patient's condition immediately improved, and the case went on to an uneventful recovery. Following close upon the long stride forward which had been taken by Sands, came the masterly work of his able assistant, McBurney. His paper, published in the *New York Medical Journal* in 1889, "must ever deserve to be ranked as one of the classics in the surgical history of America." At this point in the history of appendicitis the exact words of Kelly, it seems to me, are worthy of repetition: "We have now traced," he says, "the history of our subject through successive stages of its evolution, from the first discovery of a lesion, in 1759, down to the time of Fitz, in 1886, who secured a recognition for its diseases as a distinct class by themselves, banishing the older misleading terms, typhlitis and perityphlitis. We have furthermore witnessed the earliest efforts of the surgeon, at first timidly opening a few abscesses (the classical procedure), and then gradually growing bold enough to take the important step of making the incision before the detection of fluctuation (Hancock, Willard Parker). We then found a few surgeons, endowed with a courage born of the newly inaugurated antiseptic *régime,* venturing to open the peritoneum and to straighten out a kink (Treves), or to trim off the edges of a fistula in the appendix (Sands) and, at last, to remove the entire organ (Krönlein, Morton, Sands)... Doubt dissipated, and the flood gates once thrown open, the healing waters swept in like a torrent, carrying the beneficent influences from land to land, at first through the greater centres of learning, and then spreading more slowly out, even to the remotest hamlets.... In the United States, which holds a leading position in the prompt recognition of the exact nature of this one-time obscure malady, as well as in the adoption of the aggressive therapeutic *régime* necessary for its relief, we look back upon such a galaxy of names as Senn, Weir, McBurney, Worcester, Marcy, Fowler, Mynter, Richardson, and many others who deserve mention and would receive it in a more extended work."

A complete examination of the literature of this subject would disclose the fact that practically all the writers concur in this statement by Kelly. Concededly, in the work of unravelling the knotty etiological and pathological problems of appendicitis and in the successful treatment of the disease, American medicine and surgery have taken the highest place among the nations of the world, and Brooklyn's contribution to this result has been neither mean nor small. Thus, in the galaxy of surgeons mentioned by Kelly, there is one whose name will live as long as medical history is written—Brooklyn's pioneer in modern surgery, without whose name the history of appendicitis could not be written—a man of untiring energy, hopeful, confident, resourceful—an able writer, studious, conscientious, lucid—a wise teacher, far, far ahead of his time, enthusiastic, inspiring—a surgeon possessing a boldness born of knowledge, skillful, persistent, original—in a word a *great* surgeon—a genius—George Ryerson Fowler. I was so fortunate as to make his acquaintance very early in my professional career and I was honored with his personal friendship, and I am therefore somewhat fa-

miliar with his first efforts in the surgery of the appendix. I recall very well being present at a meeting of the Medical Society of the County of Kings, held on Oct. 20, 1885, nearly two years before either Morton or Sands had removed the appendix, at which meeting Fowler, when discussing explorative laparotomy said, "In like manner (by exploratory incision) can be definitely diagnosed diseased conditions of the vermiform appendix, perforation, etc. In these cases, in which the diagnosis is only tolerably certain, ligature, or Lembert's suture above the seat of disease or perforation, and a removal of this apparently useless portion of the alimentary canal, would then be indicated." Again, when discussing a paper entitled, "A Plea for Early Operation in Disease of the Vermiform Appendix," which I had the honor to read before the Medical Society of the County of Kings in 1891, he makes use of the following prophetic language: "The day will surely come when pathological intra-abdominal conditions whether inflammatory or otherwise, requiring any but the most tentative or purely medical treatment, will be placed in the hands of the surgeon for laparotomy, explorative or curative, and nothing short of a reasonably well grounded fear that the patient will perish upon the operating table will deter the surgeon under these circumstances from giving the patient the benefit of a positive diagnosis and the possibility of relief."

Now, of course, attempts such as these at overturning medical and surgical tradition did not go entirely unchallenged. They frequently met with radical opposition even at the hands of hospital associates who were also personal and admiring friends. The basis of this sort of antagonism, however, is pretty well demonstrated in the following personal experience. On June 16th, 1887, I was called to see a very sick boy 13 years of age. It will be remembered that this was six months before Sands had done his epoch-making operation. I had read the paper by Fitz, published a short time previously, had been thoroughly impressed by it, and had, at different times, discussed it freely with Dr. Fowler. I made a diagnosis in this boy's case of probable perforation of the appendix, and I strongly urged a laparotomy. Unfortunately Dr. Fowler was absent from the city. Dr. Frank W. Rockwell who was for years Dr. Fowler's associate on the staff of St. Mary's Hospital, and who was also Surgeon to St. John's Hospital, saw the case with me, and declined to operate on the ground that in the absence of classical symptoms of typhlitic disease, tumor, abscess and the like, radical surgical procedure in such a case was not justifiable. The boy died of general peritonitis. The autopsy revealed a perforated appendix containing an intestinal concretion. It is interesting in this connection to realize that if his services had been available on that occasion Dr. Fowler would have removed the vermiform appendix six months earlier than did Sands, and Brooklyn surgery would, in all reasonable certainty, have today to its credit the honor of the first successful appendectomy. My much lamented friend, Dr. Rockwell, possessed one of the most cultured minds, and he was one of the most skillful surgeons, but the orthodox "typhlitis" and "perityphlitis" of his day and training had simply enslaved his views on the subject, just as they had enslaved for generations the views of the entire medical profession. A proof of this conservatism lies in the fact that at a meeting of the Brook-

lyn Pathological Society, held on April 11, 1889, at which meeting the history of this boy's case was read and the post mortem specimen presented, there was hardly a voice raised in favor of early operation. Dr. Rockwell was himself present and took part in the discussion. But even in the light of the post mortem findings he expressed his unwillingness to change his views.

This general opposition to early operative interference was also exhibited in contemporaneous literature. Just as Dupuytren, in the early part of the nineteenth century, had thrown the weight of his great reputation as a surgeon against the more advanced views of Mélier, so some of the more modern surgeons took exception to the teachings of Fowler. For example, in the *Annual of the Universal Medical Sciences*, for 1892, Dr. J. William White, Professor of Clinical Surgery in the University of Pennsylvania, in reviewing a paper written by Dr. Fowler, and one of my own, both advocating early operation, says, "The value of such teaching as that of Cruikshank and Fowler depends entirely upon the interpretation put upon the word 'early.' It should never be forgotten, however, that exploratory opening and 'ocular inspection' may be a very fatal procedure by breaking up the adhesions isolating the inflammatory or suppurative focus from the general peritoneal cavity. To teach dogmatically and as a matter of routine that 'if at the end of twenty-four or forty-eight hours there are evidences of advancing disease, surgical interference should be resorted to in all cases' would be distinctly to increase the mortality of appendicitis." Concluding his criticism he says, "General statements such as those quoted above are misleading and harmful." The "general statements" to which Professor White took exception, are those with which I concluded my paper and in which Dr. Fowler concurred. They appear in the *Brooklyn Medical Journal*, for June, 1891, as follows:

First. That inflammatory action in the region of the cæcum has, in almost every instance, its origin in the vermiform appendix.

Second. That the terms perityphlitis and paratyphlitis, as applied to this condition, are not only confusing but misleading, and their use in this connection should be discontinued, and a term expressive of the existing condition substituted.

Third. That a certain number of these cases will go on to early resolution, but that they are subject to recurring attacks.

Fourth. That the vast majority of the cases seriously endanger life, and that, therefore, all cases should be considered with a view to early surgical interference.

Fifth. As we have no means of distinguishing those cases which will go on to the formation of an abscess without accident from those which will result in resolution, early laparotomy should be resorted to in doubtful cases in order that by ocular inspection of the parts a correct diagnosis may be made.

Sixth. That if, at the end of twenty-four or forty-eight hours there are evidences of advancing disease, surgical interference should be resorted to in all cases.

The position here taken by Professor White, in 1892, was certainly not in accord with the views held by our Brooklyn surgeons. Pilcher, Bristow, J. B. Bogart, Delatour, Rand, Fowler, Wunderlich, Peter Hughes, J. D. Rushmore, and others were all of them, during that year, doing appendectomies and I am quite sure that none of the gentlemen named, would, in any case of acute appendicitis, have considered it wise to wait longer than twenty-four or forty-eight hours, in the presence of advancing disease, before

opening the abdomen. However, it is interesting to realize that these early criticisms served their purpose. They helped to frame the issues joined between the two striving adversaries, expectant conservatism vs. surgical activity. The case since then has been well tried by time, always an impartial judge, and the jury, human experience, has rendered its verdict. In this way it has been clearly proven that not only were those teachings which Professor White characterized as "misleading and harmful," free from the dangers to which he referred, but that the contrary is true: it was this very teaching of early operative interference which robbed appendicitis of its terror, reduced its mortality to a comparatively inconsiderable figure, and it is that teaching which is now accepted as authority in the treatment of the disease, throughout the medical and surgical world.

A discussion of Brooklyn's contribution to the early history of appendicitis would, of course, be incomplete without considering the work in our hospitals. Unfortunately many of our institutions which were in existence at that time seem to have preserved no histories, if any existed, of the very early cases, while in other hospitals, the records are so incomplete as to be valueless for consideration in this connection. This fact makes the first decennial report of the Methodist Episcopal (Seney) Hospital interestingly conspicuous. This report was edited by Dr. Lewis S. Pilcher and Dr. Glentworth R. Butler, and published by the Hospital in 1898. It informs us that the total number of patients admitted to the hospital during the first ten years of its existence, namely, from Dec. 15, 1887 to a corresponding date in 1897, was 8750, of which number 340 suffered from appendicitis. It is interesting to observe that the period referred to (1887 to 1897) exactly coincides with the first decade in the history of that disease. The report contains, besides many other evidences of scientific endeavor and achievement, an analytical account of the 340 cases of appendicitis. This account consists of 44 pages of closely printed matter and 18 illustrations, the first seven of which are colored plates showing, with great accuracy, the pathological changes occurring in the various tissues of the appendix during different stages of inflammation. The eighth illustration serves especially as an aid to early diagnosis and the remaining 9 plates are devoted to surgical technique. The text deals with the classifications, complications and sequelæ, etiology, symptomatology, diagnosis, differential diagnosis and treatment of 340 among the earliest recognized cases of appendicitis occurring in Brooklyn. Of these 340 cases, 265 recovered and 75 died. All the cases were operated upon, and in every fatal case a post mortem examination of the abdominal viscera, at least, was obtained, and the findings instructively summarized. Seventy-eight of the 340, were cases of acute appendicitis in which the infection was confined to the appendix. Of these, seventy-three recovered and five died. Two of these five cases died of intercurrent pneumonia and two died of intestinal obstruction which existed prior to the operation. There were one hundred and fifty-nine cases of acute appendicitis complicated with localized suppurative peritonitis. One hundred and forty of these cases recovered and nineteen died. The greatest mortality was, of course, noted in the cases of acute appendicitis with diffuse suppurative peritonitis. There were 59 of these cases of which only ten recovered, forty-

nine of them proving fatal. There were 42 cases of chronic appendicitis. Two died and forty recovered. Tubercular appendicitis with tubercular peritonitis was present in two cases. Both recovered.

A detailed examination would, I believe, show that Brooklyn might rest her claim to distinction for sagacity in her early interpretation of appendicitis, solely to her splendid initiative in the treatment, and the scientific educational analysis of these 340 cases, as set forth in the hospital report. Neither the limitations of time nor the scope of this paper will, however, permit of such an examination. But it should be said that the account is a veritable textbook whose teachings are still authoritative: when we consider that it is one of the *earliest* textbooks, we may well regard it with pride and admiration: its teaching constitutes the pioneer defenses, the strategic importance of which is as great to-day as a generation ago. Amid the fog of bewilderment, instability, conservatism and irresolution, clouding the whole medical and surgical world, it showed the grasp, and demonstrated, with acumen, wisdom and understanding the truth of the proposition, "that appendicitis, uncomplicated by infectious conditions existing outside the appendix itself, is not a grave affection, and that the only certain and safe course to pursue is to remove the offending organ." For this, if for no other reason, it must ever remain a monument to Brooklyn's medicine and surgery.

But let us return for a moment to the simple figures and consider their significance. No part of this whole subject, it seems to me, can give greater satisfaction to the profession in Brooklyn than the mathematical substantiation of its claim to extraordinary activity in the recognition of appendicitis, early in the first decade of its history. The mere fact that during that period, one of Brooklyn's hospitals, newly born, treated 340 cases of the disease does not, of course, constitute such a basis. But if a comparison of the figures shows that during that identical period, a far greater proportion of cases of appendicitis were treated within its walls than were, for example, cared for in the older and larger hospitals of Manhattan, no further evidence is required to prove that Brooklyn was among the earliest to recognize appendicitis and vigorously attack it.

Bearing in mind that the Methodist Episcopal Hospital, during the ten years referred to, admitted 8,750 patients of which 340, or three and seven-eighths per cent. were cases of appendicitis, let us first of all glance at the reports of Roosevelt Hospital for the same period. It should be remembered that both Sands and McBurney were attending surgeons at Roosevelt, Sands in 1887 and McBurney for several years thereafter. From 1887 to 1897 inclusive, there were admitted to Roosevelt Hospital 29,727 patients. Of this number there were 520 cases of appendicitis or one and three-quarters per cent. of the total number of patients admitted, as against three and seven-eighths per cent. in the case of the Seney Hospital. The New York Hospital, during the same ten years, admitted 50,743 patients, of which number 335, or two-thirds of one per cent. were cases of appendicitis. From 1887 to 1897 St. Luke's Hospital admitted 19,844 patients, of which 120, or three-fifths of one per cent. suffered from appendicitis. During the same period, with the exception of the year 1890 (no records

are obtainable for that year) the Presbyterian Hospital, of which McBurney was also attending surgeon, treated 22,138 patients, of which number there were 304 cases of appendicitis or one and one-third per cent. The Massachusetts General Hospital, for the ten years ending January 1, 1897, admitted 33,623 patients, of which number there were 655 cases of appendicitis or one and ninety-five one-hundredths per cent. of the total number of cases admitted. The Johns Hopkins Hospital of Baltimore was opened in May, 1889. From that time until 1897 that hospital admitted 16,691 patients, of which 112, or two-thirds of one per cent. were cases of appendicitis as against three and seven-eighths per cent. in the Methodist Episcopal Hospital. Thus it will be seen that during the first decade in the history of appendicitis the Methodist Episcopal Hospital of Brooklyn treated, proportionately, more than twice as many cases as did the Roosevelt Hospital; nearly three times as many as did the Presbyterian Hospital; nearly six times as many as did St. Luke's Hospital; nearly six and a half times as many as did the New York Hospital; twice as many as did the Massachusetts General Hospital; and five and eight-tenths times as many as did the Johns Hopkins Hospital of Baltimore. These figures, it seems to me, would suggest that in the subject of appendicitis, at least, Brooklyn's Medicine and Surgery exhibited no signs of provincial lethargy.

Again—Brooklyn's early contributions to the literature of appendicitis have been considerable, and comprise many articles and discussions, besides those already mentioned. In glancing over the files of the *Brooklyn Medical Journal* I find that from 1888 to 1892 there were papers read on the subject before our various societies by Wackerhagen, Rand, J. B. Bogart, Delatour, G. R. Butler, Kingsley, G. R. Fowler and Cruikshank, and that these papers were discussed by Pilcher, McBurney, Weir, Fowler, Bristow, Wunderlich, Figueira and others. Of course Brooklyn's most important effort in that direction is the book entitled "Appendicitis" by George Ryerson Fowler. In the preparation of his material the author was assisted by Van Cott, Ezra Wilson, and Delatour. The first edition of this work was published by Lippincott in 1894, and consisted of a "revised and corrected reprint of a series of articles which appeared in the *Annals of Surgery* under the title 'Observations Upon Appendicitis.'" So thoroughly did the author thus early set forth the subject, that although it is one of the first books written on appendicitis, in so far as it goes, its teaching meets all the requirements of to-day. Some idea may be gathered concerning the extent of the author's early experience with the disease, from the following, which appears in the preface: "Exceptionally favorable opportunities have been afforded me, both in hospital and private practice, of observing the disease now known as appendicitis in its different forms. With the hope of shedding some light upon what has been, until quite recently, one of the darkest chapters in surgical pathology, as well as to offer such observations upon the management of the affection as have been suggested as the result of a personal experience covering now nearly two hundred cases of the disease, the present work was undertaken." When we consider the date—1894—and realize that the book was really a revision, we must stand in amazement at the amount of this work which the author had already accomplished.

The records show that up to 1889, Roosevelt Hospital, where McBurney was attending surgeon, had not treated a single case of appendicitis; and that the Presbyterian, St. Luke's and the New York Hospitals treated their first cases in 1890; and yet as early as 1894 we find a Brooklyn surgeon publishing an authorative work, practically a revision, on appendicitis, based upon personal observation of nearly two hundred cases. Moreover, the first of these two hundred cases was the first successful operation for the removal of the appendix based upon a positive diagnosis performed in Brooklyn. The operation was done March 14, 1889, at the residence of the patient in the presence of Dr. Benjamin F. Westbrook and myself, Dr. Delatour assisting, and is referred to on page 131 of the first edition of Fowler's book in the following language:

"Miss M., aged 22, a patient of Dr. Cruikshank, was placed by him under my care for operation, after a consultation of medical men had advised delay in the case. The usual right lateral incision revealed an appendix free in the abdominal cavity, absolutely without adhesions, swollen to the size of the little finger, and perforated in two places. The latter were minute openings, through which soft fecal matter oozed as the ligature was tightened about the base of the organ preliminary to its excision. The patient made a good recovery."

The history of this case, together with the full reports of two similar cases, one of which terminated fatally owing to delayed operation was made the subject of a paper which I had the honor to read before the Medical Society of the County of Kings at the February, 1891, meeting, and that paper appears in the *Brooklyn Medical Journal* of June for that year. It was ably and fully discussed by McBurney, Pilcher, Fowler, Rand, Figueira and others.

I recall very distinctly Dr. Pilcher's discussion, more especially, I think, because his words were uttered in that self-forgetful spirit of analytical thoughtfulness and truth-seeking which always characterizes the scientific mind. He said that while he had hitherto raised his voice for a conservative course in the treatment of appendicular disturbances, he felt at that moment much less conservative on the subject than he had felt one year before; that in the light of a clearer pathology, and, since the development of a better surgical technique, more extended experience had materially changed his views, and he cited as an instance of too great conservatism, the very interesting and instructive case of a physician: "The patient," said Dr. Pilcher, "was ready for operation, and Dr. Fowler was ready to operate on him at that time; the anesthetic was about to be administered, but prompted as I was by the feelings I have entertained of a conservative character, I asked that operation should be delayed. Our patient passed on to an uninterrupted recovery at the time, without operation; but within a few months he had a recurrence which, in spite of treatment went on to the formation of an abscess. All the dangers of suppurating appendicitis were incurred by our friend; an incision was made and the abscess evacuated, and for the time being the disease was in abeyance; but after a few months, notwithstanding this, he had another attack which fortunately did not go on to suppuration this time, but from this he has recovered, and at the present time our friend is weighing in his mind the question as to whether now it is not wiser for him to have his abdomen opened, and have the appendix in its diseased condition taken out, and be

relieved of his disease. Had my colleague's desire been granted, had not the conservative advice of his consultant been followed, this appendix might have been removed a year ago, when it could have been done with comparative safety and the danger of these recurrent attacks been saved him; and I take great satisfaction in making this public acknowledgment, that I believe my counsel in this case a year ago, that delay should be had and that operation should not be done, was not the best thing for the patient." An attitude so lofty must ever be inspiring; when taken by one whose professional integrity and scientific opinions have always been guiding, it commands an almost reverent attention. I am sure that there were many like myself who were deeply impressed by Dr. Pilcher's testimony, and this incident may be counted as an important one in Brooklyn's progress toward the development and final adoption of our present life-saving method in the surgery of the appendix; for thus convinced of the merits of early operative interference, Dr. Pilcher lost no time in applying the principle, and in this, as in every other branch of surgery, Brooklyn has had, during all these years, the certainty of his leadership and the inspiration of his example.

A paper such as this must necessarily be more or less discursive, but the few incidents related and facts presented, will, I believe, disclose the existence of a firm and sure foundation for any claim to initiative which Brooklyn may make in the matter of appendicitis. When we recall that it is almost beyond question that Dr. Fowler's absence from the city alone prevented him from anticipating Sands and thus giving to Brooklyn the first successful appendectomy; that some of the first operations following those of Morton and Sands were performed here; that in the first decade of appendicitis, as a known disease, one of our youngest hospitals had a percentage of cases from three to six times that of the leading hospitals of Manhattan; that that hospital published a scientific analysis of its cases which even to-day forms a valuable guide in the treatment of the disease; that without doubt some of our other hospitals would be found to have shown a similar activity, were their records complete for a like period; that—and perhaps the most significant fact of all—the remarkable activity of our hospitals must be interpreted as proof of the general activity of our local profession; when we recall that our rank and file contributed to the earliest literature of the disease, setting forth as early as 1891, and in the face of opposition, truths now generally accepted; and that Dr. George R. Fowler's great work on appendicitis was produced here as early as 1894; when we consider all these things, we are, I believe, justified in claiming that Brooklyn's share in making the early history of appendicitis was, indeed, neither mean nor small.

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